

Work Order ID 93350

93350

Page 1

November-19-12 8:56:51 AM

Item ID: 646.3210

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-19 Tooling:

Date:

Run Start *NR1*

QC:

Date: SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

646.3200

n/c

100

0.00

100

BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 10.35"

OK 13/03/22 10

110

0.00

110

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB146

DWG REV: N/C

FOLIO REV: AA

OK 13/05/15

DAS 08

2- deburr and break all sharp edges

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
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Work Order ID 93350

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Page 2

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Item ID: 646.3210

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00							
Quality Control									
140	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
140									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O: 19916 Black Anodize as per Dwg 646.9700								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 93350

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Page 3

November-19-12 8:56:51 AM

Item ID: 646.3210

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Support

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Memo

0.00

Packaging

10x

SP
13-5-23

155

QC5- Inspect part completeness to step on W/O

0.00

155

QC

Memo

0.00

Quality Control

AS
218

13 5 24

W/A

10

160

Spray Painting per QSI005 4.2

0.00

160

SprayPaint

Memo

0.00

Spray Painting

PRIME AS PER DWG, SEE NOTE #2

CARDINAL 4860-50 PRIMER BATCH

DONE BY ATG.

125452

CX 13/05/17 10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
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Work Order ID 93350

93350

Page 4

November-19-12 8:56:51 AM

Item ID: 646.3210

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Support

Start Date: 11/15/12 Start Qty: 10.00

10

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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170

170

QC

Quality Control

QC14- Inspect Spray Paint

6

Memo

0.00

0.00

BS 24

K

180

180

Packaging

Packaging

Identify as per dwg & Stock Location: _____

0.00

Memo

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

0.00

ST537 M10

10X

13/05/23

U

190

190

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/5/27

11/3-05-24

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update </div> </div>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab </div> <div> <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite </div> <div> <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier </div> <div> <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other </div> </div>						
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Picklist Print

November-19-12 8:56:51 AM

Page 1

Work Order ID: 93350

Parent Item: 646.3210

Parent Item Name: Support

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 12-11-09 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B6.000X1.000		Purchased	No				f	6.9260		9.0736842			
7075-T6 BAR 6.000" X 1.000"													

Location

Loc Qty

Loc Code

MAT008

6.926

123611

6.926

6.926 OK 13/03/22

7075 7.00X1.00 M124701 = 3.622 & not pull in the computer.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

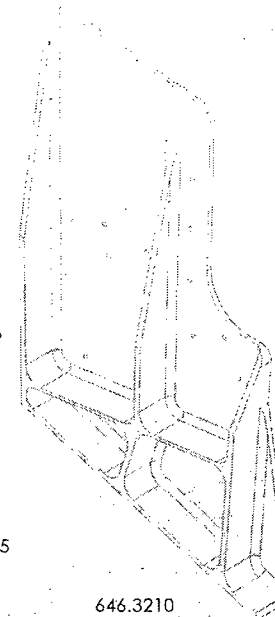
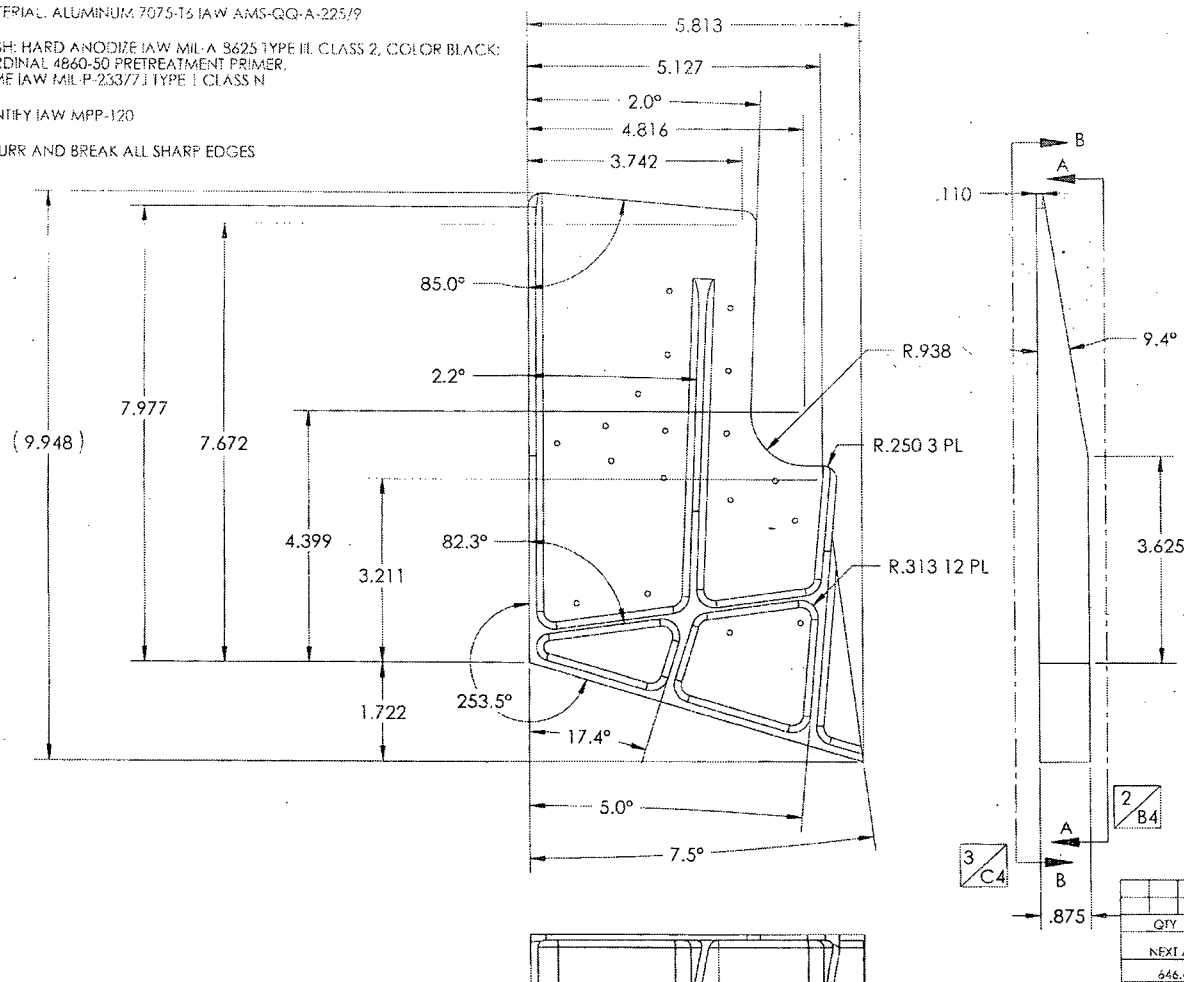
DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
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NOTES:

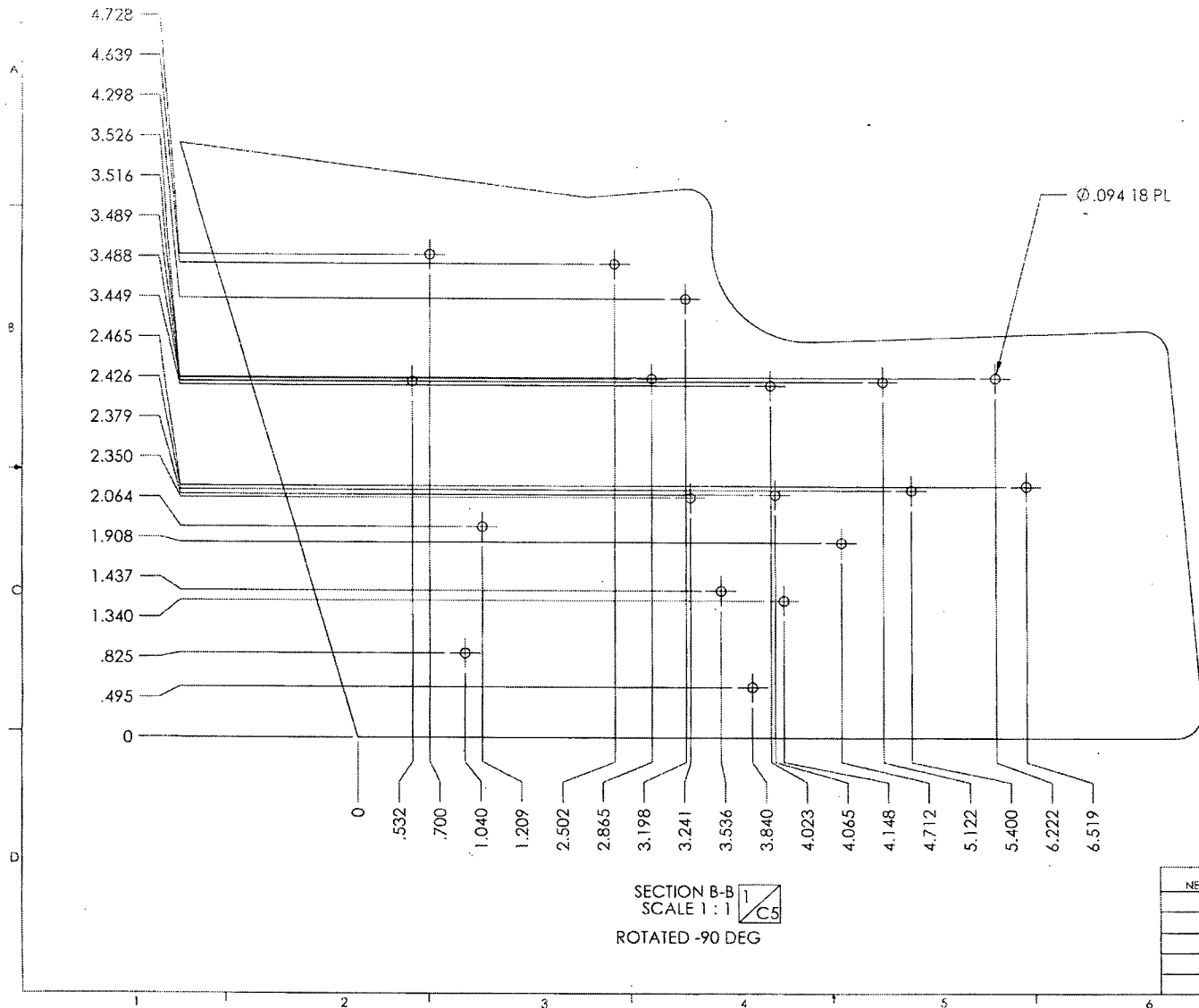
1. MATERIAL: ALUMINUM 7075-T6 IAW AMS-QQ-A-225/9
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER;
PRIME IAW MIL-P-23377 TYPE I CLASS N
3. IDENTIFY IAW MPP-120
4. DEBURR AND BREAK ALL SHARP EDGES



QTY	REV	PART #	SUPPORT	DESCRIPTION	MAT'L	SPEC.
646.4000		646.3210	SUPPORT	APICAL INDUSTRIES 2606 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
				SUPPORT		
				UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES 1° 3'		
				REV 1 07/06/26	646.3200	N/C
				SCALE: NONE		SHEET 1 OF 1

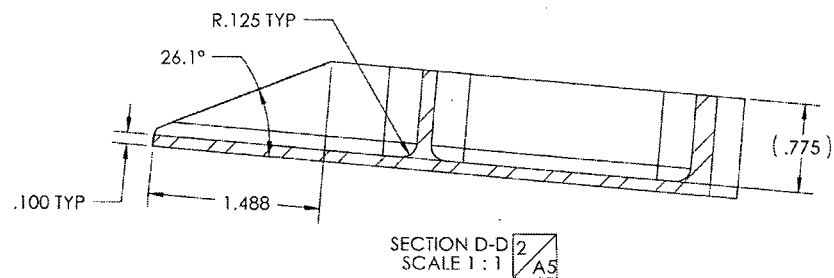
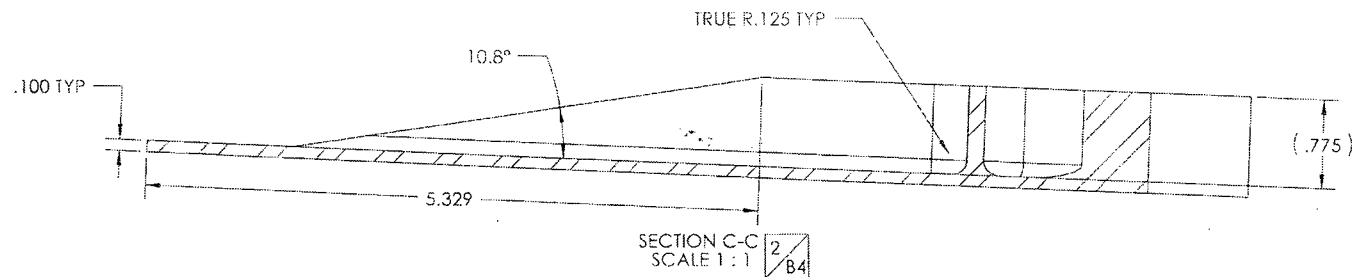
SHOP COPY
RETURN TO
ENGINEER
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK OFFICE
NO. 93350 MLJ
12-11-19

93350



NEXT ASSY (S)	ORIGINAL DATE	04-20-07	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DRAWN BY	P. BRADY		
	CHECKED	J. JOSEPH		
	DRAWING APPROVAL		SUPPORT	
	J. JOSEPH			
CONTRACT NO.				
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE SPACE DIMENSIONS ±.01 HOLE DIMENSIONS ±.005 ANGLES ±.5°				
		SIZE [CARTON] QTY 100	646.3200	REV N/C
		SCALE: NONE	SHEET 3 OF 4	

93350



NEXT ASSY. (S)	DESIGNED BY	DATE	APICAL INDUSTRIES	
	DESIGNED BY	DATE		
	DESIGNED BY	DATE	2408 HEMPLE HEIGHTS DR.	
	DESIGNED BY	DATE	OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL	DESIGNED BY	DATE	SUPPORT	
	DESIGNED BY	DATE		
	DESIGNED BY	DATE	SCALE: 1:1	
	DESIGNED BY	DATE		
CONTRACT NO.	DESIGNED BY	DATE	SHEET 4 OF 4	
	DESIGNED BY	DATE		
	DESIGNED BY	DATE	SHEET 4 OF 4	
	DESIGNED BY	DATE		

DART AEROSPACE LTD	Work Order: 93350
Description: SUPPORT	Part Number: 646-3210
Inspection Dwg: 646-3200 Rev: N/C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
5.813	+/- .005	5.814	✓		H-6	31006
R0.938	+/- .005	R0.938	✓		R-6	ref.
R0.250	+/- .005	R0.250	✓		"	"
R0.313	+/- .005	R0.313	✓		"	"
0.063	+/- .005	0.063	✓		Mic	6A-03
0.125	+/- .005	0.125	✓		"	"
0.125	+/- .005	0.125	✓		"	"
0.125	+/- .005	0.125	✓		"	"
0.125	+/- .005	0.121	✓		"	"
0.495	+/- .005	0.494	✓		H-6	31006
0.825	+/- .005	0.823	✓		"	"
3.526	+/- .005	3.527	✓		"	"
4.728	+/- .005	4.726	✓		"	"
0.700	+/- .005	0.700	✓		"	"
1.040	+/- .005	1.040	✓		"	"
3.840	+/- .005	3.840	✓		"	"
6.222	+/- .005	6.222	✓		"	"
φ 6.094	+0.004 / -0.001	φ 6.094	✓		Vern	6A-01

Measured by: D.A. DAS	Audited by: (Signature) 13-5-89	Preliminary Approval:
Date: 13/05/15	Date: 13-5-17	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62394

Date: 23-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: 646.3210 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIMER PER MIL-P-23377J TYPE I CLASS N Job: 20130300 PO: 19916 10 PCS	Rev:	Line:
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>23/5/13</u></p> <p>CERTIFIED SIGNATURE : <u></u></p> <p>RECEIVER SIGNATURE : _____</p>			